

Wilson (R. T.)

TEMPORARY CLAMP.

TO BE USED ESPECIALLY IN "OVARIOTOMY,"
"BATTEY'S OPERATION," AND "TAIT'S OP-
ERATION," WITH REMARKS ON THESE
OPERATIONS.

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Foundation Fellow of the British Gyneco-
logical Society—Assistant Surgeon to the
Hospital for the Women of Maryland—
Gynecologist to the Union Protestant
Infirmary—Fellow of the Baltimore
Academy of Medicine—Fellow of the
Baltimore Microscopical Society.

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In reviewing the history of the healing art for the past thirty-five years, we truly realize and are fully convinced of the fact, that no department of surgery has made the same advances as that of pelvic surgery by abdominal section. The surgeon of to-day cannot too highly appreciate and admire Mr. Thomas Keith, of Edinburgh, and Mr. Lawson Tait, of Birmingham, for the advancement they have made in this department. And the gynecological surgeon especially should have in his library their writings upon this subject. Personally, I acknowledge the assistance they have given. The operation, entitled "Ovariotomy," was first suggested by William Hunter, M. D., and first taught by John Bell, M. D., of Great Britain; but the honor of being the first to shoulder the responsibility and perform the operation belongs to our countryman, Ephraim McDowell, M. D., of Kentucky, in 1809—the patient recovered and was alive 25 years afterward. It is now about 77 years since the operation was introduced by this American surgeon to the medical profession. No medical procedure has risen more rapidly into favor, gained firmer hold upon the mind of the profession, nor resorted to more frequently, throughout the civilized globe by medical men of note, than this operation during the past 35 years.



"Oophorectomy, or Battey's Operation," was first proposed in 1872, by our fellow-countryman, Robert Battey, M. D., of Rome, Georgia. He suggested the operation, for the cure of the women, suffering with what he calls "unrelieved menstrual molimen."

* "When Robert Battey, M. D., reasoned out his operation of extirpating the ovaries to effect change-of-life, he reasoned out a truism, for the removal of the ovaries must necessarily stop ovulation, which constitutes a *de facto* change of life, whether the menses recur afterward or not. The cessation of menstruation may then be regarded as the sign of change-of-life, but not the actual change. From this point of view Dr. Battey was right in theory; and experience shows that he is right in practice. His operation of extirpating the ovaries to arrest the menstrual molimen is based upon sound physiological doctrine, and in practice it accomplishes what it proposes to do; for we find that, when both ovaries are neatly and cleanly removed, the menstrual molimen ceases; but, if they be imperfectly removed, the menstrual molimen recurs as regularly as it did before the operation.

"The term normal ovariotomy, applied by Dr. Battey to his operation, is a misnomer; for, in all cases requiring operation, the ovaries are never found in a normal state. This term has been much and justly criticised, and Dr. Battey asked me (Sims) some time ago to give his operation a name. I would like to see it recognized by the profession as 'Battey's Operation.' I think he is fully entitled to that honor. He was the first to grasp, in its widest range, the influence and effects upon the general system of what he calls an 'unrelieved menstrual molimen.' He was the first to suggest a method of cure; he was the first to carry out his own suggestion, and to perform an operation for the cure of a disease that had never been cured before. He performed the operation on his-own responsibility, with no great authority to sustain him. He demonstrated the correctness of the principles upon which his operation was based, by proving its success in practice. He established a precedent that may now be followed with safety, and opened up a new field of research that promises results as grand as those now achieved by ovariotomy. By this operation he has raised sorrowing and hopelessly incurable women from despair, indescribable suffering, epileptic convulsions, threatened insanity, and in some instances from impending and certain

* J. Marion Sims, A. M., M. D., British Medical Journal, December, 1877.

death, and restored them to health. We have precedents enough for naming diseases and operations for those who have been the first to discover and describe the one, or to originate and perform the other. The difficulty already encountered in finding a name sufficiently distinctive and characteristic of this operation justifies us in calling it ‘Battey’s Operation.’ He has won the honor, and let him wear it.”

* “Removal of the Uterine Appendages, or Tait’s Operation, was first performed in 1872, for the arrest of hemorrhage in cases of fibroid tumors of the uterus.” Where the bleeding endangers the life of the patient, and where the tumor or tumors cannot be safely enucleated and removed, or where the tumors are wholly extra-uterine; the operation has proved a success; and the profession are indebted to Mr. Tait and Dr. Hégar for what they have done. Dr. Battey must also receive an equal share of recognition and praise with these gentlemen.

Sometimes the menses recur at regular intervals for months, and even years, after the ovaries are removed. This has occurred in the practice of Dr. Battey, and he quotes Atlee, Peaslee and Storer as giving illustrations of the same thing. Their cases are mostly examples of what Sir Spencer Wells aptly terms *metros-taxis*. But Dr. Atlee gives some cases of *bona fide* menstruation after removal of both ovaries. In one case the patient was 35 years of age when Dr. Atlee extirpated both ovaries. She menstruated regularly and normally until the age of 45, when change-of-life, so-called, occurred in the usual way. In October, 1857, Dr. Atlee removed the left ovary from a married lady, 27 years old. In November, 1864, he removed the right ovary from the same lady, and she continued to menstruate regularly; and, in 1870, six years after the last ovary was removed, she was “regular as to time, quantity, quality, etc., and free from any abnormal symptoms.” In 1848 Dr. Charles Clay, of Manchester, removed one ovary from a married lady, and in 1861 Dr. Atlee extirpated the other. Two years afterward, she writes to Dr. Atlee: “Courses all right every month.” So we see that removal of the ovaries is not always followed by cessation of the menstrual flow. But cessation of the menses is not actual change-of-life. In 1859 I knew a poor woman who had had nine children

* Lawson Tait, M. D., British Medical Journal, May 31, 1879. Lawson Tait, M. D., “Diseases of the Ovaries,” 4 ed., Wm. Wood & Co., 1883.

in 14 years, and during all that time she had menstruated only three times. She had three or four labors consecutively without a single menstruation. Thus we see that ovulation went on regularly, although there was no menstruation. We also have cases come to us with complete amenorrhœa, where ovulation, as indicated by the menstrual molimen, occurs regularly each month. In Dr. Battey's first case (of Battey's Operation), the patient had menstruated but twice in 16 years, yet she suffered fearfully each month with the menstrual molimen, and, when he extirpated the ovaries, "each ovary presented a recently ruptured Graafian vesicle, in one of which the blood had not coagulated, as if the ovum had but just escaped. The real change-of-life consists in the cessation of ovulation, whether this be accomplished by nature at the climacteric period, or artificially by the operation of ovariotomy, or Battey's Operation, which was projected expressly to arrest ovulation and the accompanying menstrual molimen."

* Mr. Lawson Tait advises the removal of the tubes along with the ovaries in each case of Battey's Operation, as he considers the operation imperfect if the tubes are left behind. He further advises removal of the uterine appendages, in so-called recurrent peritonitis and cellulitis, when each menstrual period ushers in a more or less severe attack of pelvic pain attended with febrile reaction; and for cases of long-standing cellulitis of the broad ligaments (as we have been accustomed to call them), where the lateral portions of the pelvic cavity feel puffy, doughy, more or less infiltrated, has he advised this operation. He considers cases with so-called chronic cellulitis of the broad ligament, which resist treatment for over six or seven months, as cases of salpingitis and pyosalpinx, and require the above operation.

† "Removal of the uterine appendages for organic disease, chiefly chronic inflammatory change, such as pyosalpinx, hydro-salpinx, haematosalpinx and chronic avaritis, with adhesions. This proceeding I practiced first on February 11, 1872, with a successful result, and since then hundreds of women have, by its means, been relieved from suffering, otherwise incurable, and many have been saved from impending death. This operation deserves to have my name given to it." Mr. Tait should have full credit and praise for what he has done.

* Minor Surgical Gynecology, P. F. Mundé, M. D., 2 ed., Wm. Wood & Co., 1885.

† Medical News (Phil.), Vol. 48, No. 17, page 456.

In regard to the three operations, here enumerated, this fact must not be lost sight of, which is, that good nursing and attention to the patient often wins the battle. It is my habit, when occasions arise, to take hold with my own hands and nurse in any and every way that the safety of the patient should require. I look carefully to the preparation of the patient for the great ordeal, both in mind and body. Instruments, sponges and whatever else is needed for the operation, are antiseptically attended to a sufficient time before the appointed day, and at the time of operating. The room for the occupancy of the patient after the operation is well considered, together with the bedding and furniture. I start the spray in the room in which the operation is to be performed, a sufficient time before the appointed hour for operating, but stop it when the operation begins. Extreme cleanliness of the hands is strictly observed. Nothing is omitted, which leads to the success of the operation.

I bring before you to-day my mite in this department of surgery (my cases are reported elsewhere), in the form of a clamp, for the control and more efficient management of the pedicle, while the surgeon secures it permanently, and to be removed at the end of the operation.

The clamp consists of two blades with a handle; the blades are flat antero-posteriorly, and are serrated centrally. The left blade (see cut) is doubly serrated with a groove between the rows of teeth, and the right (see cut) is a single serrated blade, fitting closely and firmly into the groove of the left blade when the clamp is closed. On the end of each blade is a tooth, pointing centrally, the tooth of the left blade being grooved for the reception of the tooth of the right blade, when the clamp is closed. These teeth prevent the pedicle, when it is a broad one, from slipping out of the clamp when the blades are approximated. Upon the anterior surface of the left blade (see cu') is a guard, which serves the purpose of a grooved director, thereby preventing the point of the scissors or knife (cold or heated) from injuring parts beyond the pedicle. The handles are easily fixed at any given point.

Those who have used the clamp, say they want no other for the above operations. And those who have seen it speak highly in its praise. It is made by Charles Willms & Co., of this city.

